

## RESUME

**Name of the Department** : **Department of Computer Applications**

**Name of the faculty member** : **K.AMUTHA**

**Present Designation** : **Asst. Prof.**

**Residential Address** : **13/19, Lakshmi Illam, Shakthi Nagar  
Palayamkottai, 627002**

**Contact Nos.** : **Landline : - Mobile :9655908016  
Email : adv.resivaraman@gmail.com**

**Gender** : **Female**

**Community** : **BC**

**PAN Number** : **Aadhaar Number : 427014545259**

**Date of Birth and Age** : **22.07.1983 33**

**Date of joining the present post** : **01.07.2013**

**Date of Retirement** : **30.07.2041**



**I. Particulars of Educational Qualification: (Awarded only) Ref.No./Date/Copy to be enclosed**

Category	Name of the Degree	Specialization	Year of Passing	Name of the College	Name of the University	% of Marks / Grades obtained	Class obtained
UG	B.Sc.	Computer Science	2003	Sri Sarada college for women Tirunelveli	Manonmaniam Sundaranar University	71	I Class
PG	MCA	Computer Science	2006	Manonmaniam Sundaranar University	Manonmaniam Sundaranar University	73	I Class
M.Phil	-	Computer Science	2007	Manonmaniam Sundaranar University	Manonmaniam Sundaranar University	59	II class

**Academic Experience:**

Name of the College	Whether Govt/Aided/S.F.	Designation	Joining Date	Relieving Date	Experience		
					Years	Months	Days
Sri Sarada College for Women, Tirunelveli-11	S.F.	Asst. Prof.	01.07.2013	Till date	5	2	11
<b>Total</b>					5	2	